

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



**Health Professional
Licensing Administration**

**District of Columbia Department of Health
Health Professional Licensing Administration
Board of Physical Therapy**

**APPLICATION INSTRUCTIONS AND FORMS
FOR A LICENSE TO PRACTICE PHYSICAL THERAPY
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming licensed as a physical therapist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Physical Therapy license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Physical Therapy will review your application. The Board of Physical Therapy normally meets once each month. You should be ready to take the Federal State Board of Physical Therapy (FSBPT) examination or have successfully completed it at the time of your application. Upon final Board approval you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, DOH's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

D.C. Department of Health
Health Professional Licensing Administration
Board of Physical Therapy
64 New York, NE 1st Floor
Washington, DC 20002

If you have any questions, call DOH Customer Care at (202) 442-9200 between 8:15 am and 4:45 pm EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required notarization or with incorrect payment will be returned in their entirety, including payment. Please print or type all information except signatures.

FILING DEADLINES AND EXAMINATIONS

National Examination

All applicants must take and receive a passing score on the National Physical Therapy Examination for Physical Therapists and Physical Therapists Assistants developed and administered by the Federal State Board of Physical Therapy (FSBPT). A passing score on the national examination shall be seventy-five percent (75%) on each test

that forms a part of the examination. The Board shall only consider examination results after the applicant has passed all parts of the examination.

If an applicant fails to pass the national exam, they may reapply by way of re-examination to sit for the exam in the District of Columbia again. In this case, an applicant is required to resubmit the FSBPT application form, payment form, and the fee of \$285. An applicant would also need to resubmit all the other materials that were required when they first applied except for their transcripts or foreign credential evaluations (foreign graduates only) and he/she would also be only required to pay a processing fee of \$50 instead of the initial \$155. However, if an applicant fails to pass the exam after sitting for it four times, he/she is then required to submit proof of having done some remedial work before they may sit for the exam a fifth time.

Please submit the FSBPT application form, FSBPT payment form, and fee of \$285 to DOH along with the other required application materials. The check for the FSBPT exam should be in the form of a money order or certified check and made payable to the "FSBPT".

Applicants must arrange for the testing service to forward scores directly to DOH. A score transfer report form is included for your convenience. Score transfer reports along with any payments associated with the score transfer report must be sent directly to FSBPT.

Please contact the FSBPT for information pertaining to qualifications for the National Physical Therapy Examination, dates, location and fees. They can be reached at:

Telephone – (703) 739-9420

Or visit their Web site – www.fsbpt.org

DC "Take Home" Exam

ALL applicants must pass an examination on the rules and regulations governing the practice of physical therapy in the District of Columbia. In order to expedite the processing of your license application, the Board of Physical Therapy has authorized a "take home" examination.

Please answer all questions on the answer sheet and submit that sheet only with all your other application materials. In order to pass this exam an applicant needs to have a passing score of at least 75%.

Pending License Applications

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a physical therapy license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and notarized application, including required supporting documents;
4. Two recent passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name printed on the back. Home snapshots or computer photographs are not acceptable;
5. A. Official certified transcript(s) mailed directly from each **U.S. education institution** showing proof of successful completion of a baccalaureate or masters degree program in the practice of physical therapy at an institution accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314, FAX (703) 838-8910 (only if you are applying to sit for the national exam).

- B. For documentation of an applicant's **foreign education institution**, an evaluation from the Foreign Credentialing Commission on Physical Therapy, (FCCPT), P.O. Box 25827, Alexandria, VA 22313, FAX (703) 684-8715, certifying that the applicant's foreign education in physical therapy is equivalent to the educational program in a U.S. approved school (Foreign Graduate who is applying to sit for the national exam only);
6. Character References – List (on a separate sheet of paper) the names and addresses of three responsible persons (other than relatives, instructors, or employers) who have known you for at least one year and can attest to your character.
7. A completed and signed Clean Hands Form.
8. Score Report reflecting passing exam results from FSBPT examination (unless you are applying to sit for the exam).
9. Verification of Licensure (if you were ever licensed in another jurisdiction).

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License Type / Fees

- a. The methods for becoming licensed in the District of Columbia are outlined below. The one letter code/abbreviation for each origin is indicated in parenthesis. Write the correct origin code and description on the "Method (Origin) of Application" line in section one of your new license application.

Examination (E)	Has successfully graduated from either an approved baccalaureate or masters program in physical therapy and is ready to sit for the national examination administered by the FSBPT in the District of Columbia; or is applying for licensure in multiple states, including the District of Columbia, at the same time but is planning on sitting for the exam in one of the other jurisdictions and not in the District; or has successfully completed the national examination, but is not currently licensed in another jurisdiction or state..
Re-Examination (R)	Is reapplying to sit for the national examination that the D.C. Board of Physical Therapy had approved them to take due to failure to achieve a passing score on the exam.
Endorsement (N)	Holds a license in good standing in another state or territory of the United States with standards which are comparable to DC's requirements

- b. Write the abbreviation for the license type for which you are applying on the "Requested License Type Code" line provided in section 1 of the application. Write the corresponding license description on the "Description" line right next to the code. The following license type is available under the Board of Physical Therapy:

License Abbreviation	License Description
PT	Physical Therapist

- c. No specialties are available under the Board of Physical Therapy. The abbreviation "n/a" and the "not applicable" description are provided on the "Requested Specialty" line in section one of the application.
- d. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order duplicate licenses (for a \$20 fee each, etc.). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to **Promissor** and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently

decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. An applicant who fails to pass the national exam may reapply to sit for the national exam under Re-Examination, under this type of situation an applicant would only have to pay the application portion of the fee again. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Method	Application Fee	License Fee	National Examination Fee	Total Due**
PT	Examination (E)	\$50	\$105	\$285	\$440
PT	Re-Examination (R)	\$50	\$0	\$285	\$335
PT	Endorsement (N)	\$50	\$105	\$0	\$155

The **Total Due amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$50.00 will be imposed for dishonored checks (Public Law 89-208).

DC Physical Therapy licenses expire on January 31 of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. DOH will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license. Pursuant to D.C. Code Section 2-3305.5 (b) 2001 (Health Occupations Act), applicants are required to provide a social security number (SSN) on applications for a professional license. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package **or** requested to be sent under separate cover to DOH on behalf of the Board of Physical Therapy.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a physical therapy degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to the Board.

Some universities' policies may require sending the transcript directly to DOH, but it is preferred that it accompany the license application.

Section 6B. Postgraduate Experience

List all experience since graduation from a physical therapy program in reverse chronological order, beginning with the most recent at the top.

Section 6C. Professional Licenses In Other States / Jurisdictions

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a verification of licensure form from the state board you have chosen to apply by endorsement from must be submitted directly to the DC Board of Physical Therapy. This form has to show that your license in that jurisdiction is current and in good standing.

Applicants who have been or are licensed in another jurisdiction, need to provide at least one verification from a jurisdiction which shows that the applicant is currently licensed and is in good standing.

Section 7. Screening Questions

If you answer "no" to question A or "yes" to questions B through K, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. Licensee Affidavit

Your application must be notarized by a notary public in any state or jurisdiction. It can be, but does not need to be notarized by a notary public within the District of Columbia.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit DOH's Web site at www.dchealth.dc.gov or call DOH at (202) 442-9200. The form numbers that make up this package are:

6709-83	Physical Therapy, Application
6709-69	Physical Therapy, Regulations
6709-34	Physical Therapy, New License Instructions
6709-09	Verification of Licensure
6009-03	Clean Hands Form
	Supplemental Information Form
DC	DC Local Examination
DC	DC Local Examination, Answer Sheet
FSBPT	Test, Candidate Instructions
FSBPT	Test, Application Form
FSBPT	Test, Payment Form
FSBPT	Score Transfer Report
NPTE	Candidate Handbook

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing physical therapy licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing physical therapy licensure are included in *DC Municipal Regulations Title 17, Chapter 67*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Physical Therapy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF PHYSICAL THERAPY LICENSURE REQUIREMENTS

License Type	Application Method	Notarized Application for License	Two 2" x 2" Photos	Official Transcript ¹	FSBPT Exam Application and Payment Forms ²	Supplemental Information Forms	Clean Hands Form	National Exam Results	Verification of Licensure Form ³	Check or Money Order made payable to DOH ⁴	Money Order made payable to FSBPT ⁵
PT	Examination	X	X	X	X	X	X	O	O	\$155	\$285
PT	Re-Examination	X	X	O	X	X	X	O	O	\$50	\$285
PT	Endorsement	X	X	O	O	X	X	X	X	\$155	\$ 0

X = Required

O = Not required

¹ Applicant must have successfully completed an educational program in the practice of physical therapy at an institution accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). Transcript(s) may be sent directly from the school, but it is preferred that it accompany the application in a school sealed envelope.

²The FSBPT Exam Application Form, payment form, and payment are to be submitted directly to DOH as noted on page 2.

³ If you have been or are licensed in another jurisdiction, you have to list all those jurisdictions and a letter of verification that states that you are currently licensed and in good standing needs to be submitted by the state board that you are requesting endorsement from. The applicable state board is required to send this letter directly to the D.C. Board of Physical Therapy.

⁴ Check or money order MUST be made payable to **Promissor**, for the licensing and application fees.

⁵ Money order MUST be made payable to **Federation of State Boards of Physical Therapy (FSBPT)** for the examination fee.